

## **Supplemental Application Data Sheet**

### **Application Information**

|                                 |  |
|---------------------------------|--|
| Application number::            | 10/580,635   |
| Filing Date::                   |  |
| Application Type::              | Regular  |
| Subject Matter::                | Utility  |
| Suggested classification::      |  |
| Suggested Group Art Unit::      |  |
| CD-ROM or CD-R??:               |  |
| Number of CD disks::            |  |
| Number of copies of CDs::       |  |
| Sequence Submission::           |  |
| Computer Readable Form (CRF)?:: |  |
| Number of copies of CRF::       |  |
| Title::                         | MUTATED ANTI-CD22 ANTIBODIES AND<br>IMMUNOCONJUGATES |
| Attorney Docket Number::        | 015280-500100US                                      |
| Request for Early Publication:: | No   |
| Request for Non-Publication::   | No   |
| Suggested Drawing Figure::      |  |
| Total Drawing Sheets::          | 8  |
| Small Entity?::                 |  |
| Latin name::                    |  |
| Variety denomination name::     |  |
| Petition included?::            | No   |
| Petition Type::                 |  |
| Licensed US Govt. Agency::      |  |
| Contract or Grant Numbers One:: |  |
| Secrecy Order in Parent Appl.:: | No   |

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ira  
Middle Name:: H.  
Family Name:: Pastan  
Name Suffix::  
City of Residence:: Potomac  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 11710 Beall Mountain Road  
City of Mailing Address:: Potomac  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mitchell  
Middle Name::  
Family Name:: Ho  
Name Suffix::  
City of Residence:: North Potomac  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 13859 Grey Colt Drive  
City of Mailing Address:: North Potomac  
State or Province of mailing address:: MD

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Korea, South  
Status:: Full Capacity  
Given Name:: Sookhee  
Middle Name::  
Family Name:: Bang  
Name Suffix::  
City of Residence:: Glendale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 224 West Dryden St., E420  
City of Mailing Address:: Glendale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 91202

### **Correspondence Information**

Correspondence Customer Number:: 45115

### **Representative Information**

Representative Customer Number:: 45115

### **Domestic Priority Information**

|                                |  |                               |                      |
|--------------------------------|--|-------------------------------|----------------------|
| Application::                  | Continuity Type::                            | Parent Application::          | Parent Filing Date:: |
| This application is a<br>which | National Stage (371) of<br>claims benefit of | PCT/US04/039617<br>60/525,371 | 11/24/04<br>11/25/03 |

**Assignee Information**

Assignee Name:: The Government of the United States, as  
Represented by the Secretary of Health and  
Human Services

Street of mailing address:: 6011 Executive Boulevard, Suite 325

City of mailing address:: Rockville

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 20852-3804